

PART B - FEE(S) TRANSMITTAL

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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/880,943	06/15/2001	Kiril A. Pandelisev	3027-0038A	5959
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TITLE OF INVENTION: HOT SUBSTRATE DEPOSITION OF FUSED SILICA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	NO	\$140 755	\$300	\$0	\$140 1055	08/10/2010
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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LOPEZ, CARLOS N	1791	065-416000
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB-1122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB-147; Rev 03/02 or more recent) attached. Use of a **Customer Number** is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Kenealy Vaidya LLP
 2
 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE SINGLE CRYSTAL TECHNOLOGIES, INC. (B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Mesa, AZ

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

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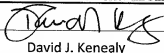
☐ A check is enclosed.
☒ Payment by credit card. Form PTO-2038 is attached.
☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature



Date August 9, 2010

Typed or printed name

David J. Kenealy

Registration No. 40,411

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